09993995

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

P(1,03913

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY	
TC	TAL CLAIMS		20					RATE	FEE] [RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA		-	SIC FEE	370.00	OR	BASIC FEE	740.00
то	TAL CHARGEA	BLE CLAIMS	<i>∫ ⊜</i> 2 minus 20=		* S2		\rightarrow	(\$ 9=		OR	X\$18=	1476
IND	EPENDENT CL	AIMS	minus 3 = *		*			X42=		OR	X84=	84
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				+	140=		OR	+280=	280
* If the difference in column 1 is less than zero, enter "0" in						olumn 2	T	OTAL		OR	TOTAL	2,280
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							S	MALL E	ENTITY	OR	OTHER THAN R SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	×	(\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	\rightarrow	(42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	JLTIPLE DE	PENDEN	T CLAIM		 -	140=		OR	+280=	
								TÖTAL			TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)	ADD	OIT, FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	×	(\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T () 1111	=	>	(42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	I CLAIM		+	140=		OR	+280=	
								TOTAL			TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)								OIT. FEE		•	AUDII. FEE	. 7
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	>	(\$ 9=		OR	X\$18=	
WE!	Independent	*	Minus	***		=		K42=		OR	X84=	
الــّ	FIRST PRESE	ENTATION OF M	IULTIPLE DE	TIPLE DEPENDENT CLAIM				140=	i	OR	+280=	
	If the entry in colu	ımn 1 is less than	the entry in co	lumn 2, wri	te "0" in co	olumn 3.		TOTAL		OR	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

lication or Docket Number

PATENT APPLICATION FEEDETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I (Column 1)						SMALL ENTITY Column 2) TYPE			NTITY	OR	OTHER THAN SMALL ENTITY		
TC	OTAL CLAIMS							RATE	FEE	7	RATE	FEE	
FC)R		NUMBER	NUMBER FILED		NUMBER EXTRA		SIC FEE	370.00	OR	BASIC FEE		
TC	OTAL CHARGEA	ABLE CLAIMS	, <u>€ € mi</u> r	,		* 797		X\$ 9=		OR	X\$18=	2646	
INE	DEPENDENT CI	LAIMS	<i>≟∤</i> mi	inus 3 =	*	* /		X42≃		OR	X84=	1676 12/	
MU	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT	,		Ŋ.	· -		,, <u> </u>	1 1			
* If the difference in column 1 is less than zero, enter					r "0" in c		L	140=		OR	+280=	236	
		LAIMS AS A					T.	OTAL		OR	TOTAL OTHER	3750	
		(Column 1)	MAINTE	(Colur	mn 2)	(Column 3)	S	MALL E	ENTITY	OR	SMALLE		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N	Total	*	Minus	**		=	×	(\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=	×	(42=	,	OR	X84=		
نا	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	PENDENT	CLAIM			140=		OR	+280=		
							L	TOTAL		_ L	TOTAL		
		(Column 1)		(Colun	mn 2)	(Column 3)	ADD	IT. FEE L		J ,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	IEST IBER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N N	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=	X	(42=		OR	X84=		
تا	FIRST PHESE	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM		+1	140=		OR	+280=		
							<u> </u>	TOTAL			TOTAL		
		(Column 1)		(Colum	nn 2)	(Column 3)	AUU	IT. FEE L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	بر · · ٠	ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA	R		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		-	X	42=		OR	X84=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM			40-		ŀ	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR L	+28U= TOTAL			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													